

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | NY | 588 | 8/9/01 |
| RESPONSE FORMALITY REVIEW | HK | 1712 | 01-18-02 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
|----------------|------|
| Final Original | |
| 571 | |
| 2237 | |
| 056304 | |
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| Claim | Date |
|----------------|------|
| Final Original | |
| 371 | |
| 030304 | |
| 651 | |
| 752 | |
| 853 | |
| 954 | |
| 1055 | |
| 1156 | |
| 1257 | |
| 1358 | |
| 1459 | |
| 1560 | |
| 1661 | |
| 1762 | |
| 1863 | |
| 1964 | |
| 2065 | |
| 2166 | |
| 2267 | |
| 2368 | |
| 2469 | |
| 2570 | |
| 2671 | |
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| Claim | Date |
|----------------|------|
| Final Original | |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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5-19-02
08/09/01